

STANDARD CERTIFICATE OF DEATH

35772

State File No.

OCT 24 1952

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) J. c. (Last) Leslie		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27 1952	
5. SEX M	6. COLOR OR RACE black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb; 18 1894
9. AGE (In years last birthday) 58		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY trucking	
11. BIRTHPLACE (State or foreign country) Minifree Ark;		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME David Leslie		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mary Leslie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Leslie ADDRESS Parma Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical attendant		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) By all record death was			
		DUE TO (c) due to acute myocarditis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 431X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. H. Smith, Coroner		23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED Oct 4 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 2 1952		24c. NAME OF CEMETERY OR CREMATORY Catron Cemetery	
		24d. LOCATION (City, town, or county) (State) Catron Missouri			

DATE REC'D BY LOCAL REG. 10/17/52		REGISTRAR'S SIGNATURE Dr. George Husted		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Serv. Parma, Mo. ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1952

DEC 6

1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Superior, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.